

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2006

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))

Docket Number (Optional)
P-2769-US9

In re Application of: **STEINER, Mitchell S. et al.**

Application Number: **10/747,686**

Examiner: **Fubara, Blessing M**

Filed: **December 30, 2003**

Group Art Unit: **1618**

For: **A METHOD FOR CHEMOPREVENTION OF PROSTATE CANCER**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$2230

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3355. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

applicant / inventor.

assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

attorney or agent of record. Registration Number 42,425.

Attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. _____.

25 September 2008

Signature

Date

Mark S. Cohen Reg. No. 42425

(646) 878-0800

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Adjustment date: 10/20/2008 GARIAS
 09/26/2008 INTEFSW 00002975 503355
 02 FC:1255 2230.00 CR

10747686

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: <u>10/9/08</u>		2 Serial/Patent # <u>10/747,686</u>				
3 Please refund the following fee(s):			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input type="checkbox"/>	Filing				\$	
<input type="checkbox"/>	Amendment				\$	
<input checked="" type="checkbox"/>	Extension of Time				\$ 2,230.00	
<input type="checkbox"/>	Notice of Appeal/Appeal				\$	
<input type="checkbox"/>	Petition				\$	
<input type="checkbox"/>	Issue				\$	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.				\$	
<input type="checkbox"/>	Maintenance				\$	
<input type="checkbox"/>	Assignment				\$	
<input type="checkbox"/>	Other				\$	
			7 TOTAL AMOUNT OF REFUND	\$ 2,230.00		
8 TO BE REFUNDED BY:						
10 REASON:		Treasury Check				
<input type="checkbox"/>	Overpayment		Credit Deposit A/C #:			
<input type="checkbox"/>	Duplicate Payment		9	<u>50 -- 3355</u>		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):					
No EOT fee due w/ petition						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: <u>Denise Williams</u>			TITLE: <u>Petitions Examiner</u>			
SIGNATURE: <u>Denise Williams</u>			PHONE: <u>x28930</u>			
OFFICE: <u>Office of Petitions</u>						
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****						
APPROVED: <u>C. Williams</u>			DATE: <u>10/12/08</u>			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B